

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)</b>						SERIAL NO. <b>097868882</b>		FILING DATE			
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2		1					52				
3		2					53				
4		①					54				
5	1						55				
6	1						56				
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45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	3						TOTAL IND.				
TOTAL DEP.	5						TOTAL DEP.				
TOTAL CLAIMS	8						TOTAL CLAIMS				
* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS											
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FORM PTO-1360 (REV. 3-78)											